



District of Columbia
Notification of Supervised Practice in Psychology
In the District of Columbia

To be completed by doctoral student, graduate, or applicant
and Supervisor

Section 1 of this form must be completed by:

- any doctoral student whose practice is not in fulfillment of educational requirements for licensure, or
- any graduate who is fulfilling postdoctoral requirements
- any applicant practicing while initial application for licensure is pending

Sections 2 and 3 of this form must be completed by the supervisor of the above applicant.

Refer to the new license Application Instructions and to DCMR Title 17, Chapter 69, Section 6911 for information concerning the practice of students and graduates.

Please complete both pages of this form and return to:

DC Board of Psychology
825 North Capitol St, NE
2nd Floor
Washington, DC 20002

Note: This form is not a required supporting document for the Psychologist license application. However, for each supervised practice form (PS Form 04) that you submit to the Board of Psychology prior to applying for licensure, you should complete a corresponding Verification of Supervised Employment (PS Form 02) and submit with your new license application.

Section 1. APPLICANT INFORMATION

Name of Applicant _____

Address _____

Daytime Telephone _____

Status ☐ Doctoral Student ☐ Graduate ☐ Applicant

Section 2. SUPERVISOR INFORMATION

Name of Supervisor _____

Organization Name _____

Address _____

Daytime Telephone _____

License Type ☐ Psychologist ☐ Psychiatrist ☐ Independent Clinical Social Worker

DC License
Number _____

License Expiration
Date _____



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Section 3. APPLICANT TRAINING

A. If applicant is a **doctoral** student:

Name of Current University: _____

Name of Graduate Program: _____

Name of course enrolled to receive credit for supervised experience:

Level of Training: _____ Practicum

_____ Externship

_____ Internship

B. If applicant is fulfilling **postdoctoral** requirements:

Name of Degree Granting Institution: _____

Name of Graduate Program: _____

Type of Degree Conferred: _____

Date Degree Conferred: _____

(Note: The required 4,000 hours of supervised experience must be obtained within 3 years.)

C. If applicant is practicing while initial application for licensure is pending:

Does applicant hold a valid license in another state: Yes _____ No _____

State: _____ License #: _____

Date applied for licensure in the District of Columbia: _____



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Section 4. SUPERVISED PRACTICE INFORMATION

How long is the supervised practice arrangement expected to continue? _____

Date the supervised practice began or will begin: _____

Give the location(s) where the applicant will practice:

Please give a brief description of the applicant's duties and responsibilities, including the amount and type of client contact and the type and frequency of supervision:

Please Note: In the District of Columbia, all of the practice of a student or graduate must be under General Supervision. General Supervision means that the supervisor is available to the student or graduate either in person or by communications device. Five percent (5%) of all supervised practice during any one month must be under Immediate Supervision. Immediate Supervision means that the supervisor is physically present with the student or graduate and either observing or discussing the student's or graduate's practice.

Signature of Applicant

Signature of Supervisor

Name of Applicant (please print or type)

Name of Supervisor (please print or type)

Date

Date